

[CTC – HRO – PTPP – Recruitment & Selection – 7.8.5-c-061] [Insurance Nomination form– June 2024]

Form of Nomination for Death Insurance for CTC Employees

	101 D	cath insurance for CTC	Employees
I Muhib ullah		12/14/	nad Alam bearing
	S/	a/w/o Muhamn	nad Alam bearing
CIVIC# 2/101-018	0797-9	YIYO MINING	4
nominate the person/ pe	ersons mentioned	helovy with it	hereby nember(s) of my family as
beneficiary(ies) to receive the	ie death insurance	amount (seems 1)	ember(s) of my family as
beneficiary(ies) to receive the		amount (sum assured) in	the event of my death.
	(F	irst choice)	
Name of Nominee/	! !	/	
Nominees	Relationship	Specification of Share	Contact Number
rommees			
Miraj RiBi			
Telling KIBI	W/7e	100%	0335 9002741
ere e e e e e e e e e e e e e e e e e e			
	8 1		
8.	(In case of death o	of first choice) – 2 nd Option	
	, and a second of	of this choice) = 2 nd Option	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Contact Ivanibei
0			
Saddam Hussain	Broller	100 %	-312:02:12.00
		100/3	03131931889
II.			
I hereby certified that the abo	ve noted member((s) of my family mentioned	are wholly dependent upon
me.	1		
The earlier nomination made	by mo (if any) me	1.: II . I	
The earlier nomination made	by me (many) ma	ly kindly be treated as can	celled and of no effect
	į.		
DATED: SIGNATURE OR THUMB IMPRESSION OF			
DATED:	THE EMPLOYEE		
29/18/2016			
29/08/2024	** *		- Ullu
	15		